



Preparation for the Home Visit

CALIFORNIA
SIDS
PROGRAM
SUDDEN INFANT
DEATH SYNDROME

CALIFORNIA DEPARTMENT
OF HEALTH SERVICES MCH

Section Two

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Before the Home Visit

The role of the Public Health Nurse (PHN) in the SIDS home visit is a formidable one. It is a role that will require using many nursing skills. The SIDS home visit has a tremendous impact on the SIDS family. Whether that impact is negative or positive will depend on the nurse, how well nursing skills are used, and the time taken to prepare for the home visit. The SIDS home visit will not only affect the parents and family of the SIDS victim, it will also deeply affect the nurse. When multiple SIDS visits are made, the emotional impact is further intensified for the nurse. The responsibility for providing bereavement support services can be very stressful and may eventually cause burnout. However, proper preparation by the nurse for her/his role in the home visit is essential to providing not only a positive impact on the family, but in personally avoiding professional burnout.

The nurse making the home visit will be using many of the same skills used in other areas of nursing. In preparing for the home visit, special attention should be paid to the following important points.

- ▶ **A good basic understanding of SIDS and current research**
SIDS parents have a lot of questions. They need honest, straight forward answers from an understanding person they trust and with whom they feel comfortable. Many times the PHN is the first person in the medical community who can explain the medical aspects of SIDS to parents in simple terms that they can understand.
- ▶ **Good counseling skills, especially active listening skills**
Grieving family members need to talk, they need someone who will listen and not judge them. (Please refer to the *Forward, Could You Please Just Listen?*, a poem by Deborah R. Gemmill, a SIDS parent.)
- ▶ **Knowledge of the grieving process**
The PHN's role in strengthening the family's coping skills and in enabling them to cope with the SIDS crisis is a vital part of the SIDS home visit. To properly assess the family's behaviors the PHN must have a good understanding of: the grieving process; socio-cultural and individual differences in expressions of grief including children; and

the ability to recognize and assess the difference between normal and abnormal reactions to grief. In addition, the PHN must understand her/his own feelings about death and be able to separate them from those of SIDS families.

► **Knowledge of the referral resources in the community**

The PHN making home visits to newly bereaved families must be prepared to help with many different types of problems. Some examples of the types of issues the nurse may find are: families who do not have the resources to pay for the funeral; are not coping well with the surviving siblings; have turned to drugs and/or alcohol in order to handle their grief, etc. A good basic knowledge of local mental health and financial resources, clergy and parent support groups in the community, will aid the nurse in helping families with these issues.

► **Awareness of personal reactions**

PHN's working with people in crisis need to have the ability to be honest about their personal feelings and emotional state. They need to be able to assess when stressful events in their personal life might interfere with their ability to help others. They need the skills and knowledge to build a personal support system and the ability to recognize when that support is needed.

Public Health Nurses who anticipate making SIDS home visits should make an honest assessment of their skills in each of the areas discussed. They should seek training and information in those areas in which they need improvement. There are many manuals, books and other materials available through the *California SIDS Program* about these subjects. In addition the Program provides training, an annual conference, and support services for professionals and the SIDS community they serve. Call the *California SIDS Program* at 800-369-SIDS (7437), or access the Program's website at www.californiasids.com, for more information about SIDS and/or dates of trainings. Other activities that will help prepare you to assist families include attending grief training and building a rapport with local parent support groups and other SIDS health care professionals.

Assessment Checklist

Assessing Your Counseling Skills, Abilities and Attitudes

Listening Skills

- Are you:*
- ☐ able to “hear” the individual’s attitudes and feelings without pre-evaluating or prejudging them?
 - ☐ capable of listening and trying to understand the thinking and concerns of the individual?
 - ☐ able to ask open-ended questions which promote disclosure from the individual?

Skills of Empathy

- Are you:*
- ☐ able to see the issue(s) from the family’s view?
 - ☐ able to feel genuine concern for the family?

Effective Communication

- Are you:*
- ☐ able to communicate clearly and effectively with family members?
 - ☐ able to maintain eye contact and reflect content and feelings presented by family members?

Realistic Analysis

- Do you:*
- ☐ have a realistic and accurate picture of the family’s current situation?
 - ☐ have information about all family members?
(Consider extended family members)

Attention to Self

- Are you:*
- ☐ able to identify your own emotions as you work with the family?
 - ☐ able to be in touch with your own attitudes and feelings about death?
 - ☐ able to identify and manage the impact on yourself?
 - ☐ able to seek out and use appropriate support and supervision?

There is no strict recipe for counseling interaction in a post-death situation. Above all, it is important to listen, ask open-ended questions, and develop a rapport with the family that will allow free expression and facilitate a healthy grieving process.

Preparing for a SIDS Home Visit

Nurses are trained to be helpers, to fix things and make them better. One of the most difficult aspects of the SIDS home visit, for many nurses, is the fact that the situation cannot be fixed. There is nothing that anyone can do to bring the baby back, or to take away the pain of the parents and family. However, there are many wonderful things that a well prepared nurse can do to help the family.

Nurses making SIDS home visits often talk about how difficult visits can be. Dealing with the death of an infant is not an easy task. When adding the complicating factors of an unexpected, sudden death, that has no reasonable explanation, it becomes even more difficult. In addition, nurses making SIDS home visits often find they must help the family deal with other health and social issues before they can begin to help them with the SIDS crisis. It is for these reasons that a nurse making a home visit should take the time for preparation before the visit.

California law requires, upon receipt of notice of a presumed SIDS death from the coroner, that the family is contacted within three working days; and also the childcare provider or foster parent, if the infant died while in their custody.

► **Step 1**

Contacting the family for a home visit

If you do not have a telephone number:

- Check with the coroner or mortuary. They may have a phone number.
- Try to arrange the visit by letter (see sample letter on page 12).
 - Include a number where you can be reached
 - Send a packet of educational information with the letter (*SIDS Informational Portfolios* are available through the *California SIDS Program* website, www.californiasids.com, or your local Health Department's SIDS Program).*
- Drop by the family's home with a *SIDS Informational Portfolio*.

* Please refer to page 29 for detailed information on preparation and downloading of materials for the *SIDS Informational Portfolios*.

- When you do make contact:
 - Talk to the parents or immediate family. Do not allow well meaning friends or family to put you off because they feel the family has enough help already. Give them your name. Tell them:
 - You are a nurse.
 - You were notified of the infant's death, i.e. "I understand that your son Joey has died and it appears that the cause may be Sudden Infant Death Syndrome."
 - You are sorry, you care, and would like to visit them.
 - You would like to talk about SIDS, and to provide information and support during this difficult time.
 - Make an appointment for the visit.
 - If the family refuses to see you:
 - Thank them and send them a *SIDS Informational Portfolio*.
 - Invite them to call you anytime they wish.
 - Call them again in two to three weeks to reassess their interest in a visit.
 - For the family that is hard to find:
 - Try a couple of times.
 - Send or leave information about SIDS and local support groups.
 - Check again in a month. After the baby's death, parents will often stay with other family members, relatives and/or friends.
 - Learn to let go. If a family refuses services or despite repeated attempts, you are unable to contact the family, you need to accept the situation. You did all you could to provide support.

► Step 2

Gathering information about the family

- It is very important to gather as much information as possible about the family before you make the visit. Knowing what language the family speaks, where the baby died, who found the baby, and other important information will help you prepare yourself for the visit. You may only have one opportunity to meet with and help the family. It would be a shame to waste it by going there alone, to find out that you need an interpreter because the family does not speak English, or to find out that the 15-year-old daughter found the baby and you made the ap-

pointment at a time when she is at school. There are other agencies, organizations, and people that can assist you in gathering information about the family.

- The coroner's office will have vital information about the family, the death scene, etc. In some counties, the coroner's worksheet may be available.
- If a 911 call was made, that report can provide detailed information about the infant's death.
- Ask for a copy of the Emergency Medical Technician's face sheet.
- If the baby was transported, the emergency room staff might be another source of information.
- Try calling other family members or the mortuary, if you have these phone numbers available.
- If you try, you will almost always find some information is available about the family.

► **Always do the following before a visit**

- If it has been awhile since you have made a SIDS home visit, review current SIDS information.
- Review the *California Sudden Infant Death Syndrome Program Public Health Services Report* form (See page 37 for the sample worksheet), and *Instructions* (page 47) and *Reporting Public Health Nursing Services* (page 35), to familiarize yourself with the information you are required to obtain. This will eliminate the need to complete the forms during the interview.
- Review the *SIDS Informational Portfolios*, developed by the *California SIDS Program*, to remind yourself what they contain.
- It is your responsibility to review the contents and personalize the information. Never do this in front of the family. Remove information that is not relevant to the family. This same procedure should be followed in preparing the childcare provider/foster parent *SIDS Informational Portfolio*. (See page 30)

- The *California SIDS Program* also has a list of local SIDS parent support groups, which are included in each *SIDS Informational Portfolio*. Check to make sure that the phone numbers and meeting locations/times are current. The *California SIDS Program* website contains an updated listing of the SIDS parent groups which can be downloaded and reproduced. You will need to copy and replace the out-of-date SIDS parent group support list in the *SIDS Informational Portfolio* as necessary.
- Review the infant's autopsy report, if available. Make sure you are able to explain the diagnosis, what it means, and why it may change.

► Step 3

Planning the visit

- Think about the time you've planned for the home visit and who might be there.
 - Plan to spend two to three hours, but be sensitive enough to leave sooner if it is appropriate.
 - If you think you'll have the opportunity to come back, stay an hour and schedule another appointment.
 - This will help build rapport.
 - Get the family past the immediate crisis. Time will help them be more open to education.
 - If you feel that you will not have the opportunity to come back, you will need to: assess the family; provide crisis intervention/counseling; identify community referral services; and assist with any other needed support services.
 - Try to include both parents and as many family members as is appropriate.
 - Offer to meet individually with family members who cannot be present, if needed, i.e. the separated couple.
- During the visit
 - Assess the family first.
 - Decide what they need.
 - Adjust your agenda to fit theirs as much as possible.

► **A few more points**

- Don't forget the extended family members, siblings, and the child-care provider, they also need your help.
- Keep an index file with the infant's name and date of death. At six and at 12 months send a card saying; "I am still here, I hope all is going well. Call if you would like to talk." Sometimes a family that did not want help at first, will be ready for it later.
- When you give the family a *SIDS Informational Portfolio* or other materials, make sure you discuss the information with them.

TABLE 9: ISSUES, CONCERNS, AND PRACTICAL SOLUTIONS

ISSUES	CONCERNS	PRACTICAL SOLUTIONS
Death occurs in childcare/foster care.	Two families in crisis.	Provide services, education and information to both families.
	Two nurses may be involved with the care.	Contact other nurse, coordinate services, make joint visits.
	Family may be in one county and the childcare provider in another.	Contact the <i>California SIDS Program</i> to identify local SIDS County Coordinator.
	Are there issues between the family and the childcare provider?	Provide education and counseling for both.
		Visit the childcare provider when other children in her care will not distract her from your visit.
		Know the phone numbers of local agencies; set up communication and coordination with those professionals already servicing the family.
Parent(s) lack resources for the funeral or other expenses connected with the death.	Money worries may interfere with them benefiting from your visit.	Social Services may provide funds for low income families.
	Family may need to be prepared that donated services will only cover costs for basic services.	Check with local funeral homes to find out about programs for low income families (some have them).
		Other options for assistance are local churches and service clubs, crisis and suicide prevention programs. Some may have programs or will make contributions to needy families.
Another nurse has been working with the family on other issues.	Family may be more comfortable with a familiar face at this time of crisis.	Contact other nurse, coordinate services, make joint visits.

TABLE 9: ISSUES, CONCERNS, AND PRACTICAL SOLUTIONS (Continued)

ISSUES	CONCERNS	PRACTICAL SOLUTIONS
The parents are divorced, separated, not together or having relationship issues.	May not be able to counsel them together.	Set up separate appointments, or have a second nurse on case to maintain confidentiality.
		Send each parent a <i>Information for Parents</i> Portfolio.
		Focus on their individual grieving needs.
The family refuses visit.	Family may be in crisis and not receiving support.	Try and link the family to a local support group.
		Send or deliver a <i>SIDS Informational Portfolio</i> .
Other mental or health issues are discovered during the interview.	Nurse may not have experience or qualifications to properly deal with the issue.	Refer to appropriate program or health professional.
Family disappears.	Family may be in crisis and not receiving support.	Contact local funeral chapels, Women, Infants and Children (WIC) Program, physicians or hospitals to try and obtain information about the family.

Sample Letter For Family

(Date)

(Parent{s}) Name)

(Address)

(City, State, ZIP Code)

Dear (Name of Parent{s}),

I would like to express my deepest sympathy and concern on the death of (*name of the baby*), to what is presumed to be Sudden Infant Death Syndrome (SIDS). I know what a sad and painful time this is for you and would like to offer you my support and help. I am here to answer your questions. And, if you wish, to put you in touch with other parents (or childcare providers, etc.) who have lost their baby to SIDS. It can be very comforting to talk to other people who have gone through the same experience as you are going through now.

I have enclosed a fact sheet and some pamphlets about SIDS. This is for you to read when you are ready. Many of our parents have told us that knowing the correct information about SIDS helped them better cope with their baby's death. I will be calling you soon to arrange an appointment to see you. In the meantime I hope this information is helpful. Please feel free to call me at (*phone number*) if you would like more information or have questions.

Sincerely,

Public Health Nurse and Coroner Teaming

*by Penny Stastny, PHN (Retired)
Orange County Health Care Agency*

As the Public Health Nurse (PHN) in Orange County, I have found that the home visit to the SIDS parents can be more effective if I talk to the Coroner or Coroner's Investigator prior to the visit. In addition to gathering important information about the family and the death of the baby, there are numerous other benefits to this interaction. For example, it provides an opportunity for me to get to know the Coroner's Investigator. It also allows us to develop an understanding of each other's roles, and share resources and information, and to work as a team. I have found that this has helped the Coroner's Investigators develop a better understanding of the nature of the home visit, its powerful value and the role of the PHN. This has created a more effective team approach that benefits the Coroner's Investigator, the PHN and SIDS families.

Here are some samples of the type of questions I ask my contact at the Coroner's office prior to a home visit.

- What were the circumstances surrounding the death?
- Was the death pronounced at the hospital or home?
- What is the family structure? Are there two parents, single mother, boyfriend, daycare provider, etc.?
- Is there a support system? (family, friends, etc.)
- Are there other children?
- How were the parent(s) coping when you left?
- Did the death occur in a daycare setting? (If so, ask for the address, phone number, and if the caretaker is aware of the possible SIDS diagnosis.)
- What information is available on the family, (i.e. prenatal history, baby's birth date, etc.?)
- Was the baby sick or on medication?
- Was the baby's pediatrician informed yet? Do you know the pediatrician's name and phone number?
- What is the obstetrician's name and number, if it is available?
- Was the child abuse registry checked? (routine procedure in many counties.)

- What language is spoken by the parent(s)?
- What information was given to the parent(s)?
- Did you inform the parent(s) that the County PHN would call and visit the home?
- Were there any unusual circumstances?
- Was an autopsy performed? What kind? What are the results?
- Was SIDS as a possible cause of death discussed?
- What, if any, educational materials were given to the parent(s)?

I have found that obtaining the answers to these questions prior to the home visit has helped me to be more effective in my support of SIDS families and to better address their individual needs. It also helps the parents by reducing their burden of repeatedly answering the same questions and describing the details of the SIDS incident over and over again. In addition, it has left me with more time for answering the parents' questions and helping the parents, siblings and other members of the family through the grieving process.

I make it a habit to call the Coroner's office back to thank them for their support and assistance and to exchange information and share findings. It also provides an opportunity to: discuss any needed changes in the approach and assessment of families, share materials and resources, and clarify SIDS information. This ongoing contact has improved communications between the Coroner's office and our County Health Care Agency. As a team, we are more effective in helping SIDS families recover from their grief and cope with the loss of their infant.

Grieving Parents: How Can You Help?

Dealing with death is never easy or comfortable. It is especially difficult when the death is unexpected, and particularly sad when it is a baby that dies. When we train professionals, we often asked, “What do I say and how can I help the parents and families of SIDS victims?” It is very common to hear expressions of discomfort and feelings of helplessness expressed by attendees. On the other hand, we know from the personal stories shared by SIDS parents, that sensitive caring treatment during and after the SIDS crisis can reduce the confusion and pain, and help them through one of the most difficult times any parent may face.

The professionals attending trainings have often told us that the section that covers *Helping SIDS Families* has reduced their discomfort and given them the tools they need to help SIDS families at this critical time. Because of their feedback, we thought it would be appropriate to share the following information with you.

► **Always introduce yourself and explain your role in the SIDS crisis**

The SIDS crisis is a confusing time. Simple things, like saying your name, explaining who you are and what you do, will help reduce the parent(s) confusion and make your interaction with them more personal.

► **Tell them how to find you**

The family will have lots of questions. It will greatly reduce their anxiety not to have to explain the situation over and over again to strangers.

► **Be there to listen**

A grieving person needs to talk. Provide education by answering questions with the truth as you know it. Be aware that all questions cannot be answered. For example, you will never be able to tell a family why it happened to them. It is better to say, “I don’t know why,” than give complex, scientific answers. Sometimes a hug and a simple, “I wish I had the answer to that,” is all that is needed.

► **Show your concern**

Allow expressions of grief and don't be afraid to show yours. It is impossible not to be touched by the death of a baby. Sharing your sadness of the event will help the family in sharing theirs.

► **Be careful of the advice you give**

Choose your words carefully when giving advice. Avoid advice that sounds judgmental or unfeeling. For example, asking: "Would you like someone to talk to?" is better than, "You need professional counseling." Grief and how it is expressed is as individual as people. Don't expect anyone to react like you or like anyone else would. Never, never tell a person how or when they should get over their loss.

► **Talk from your heart not your head**

Refer to the baby by name. Avoid clinical explanations or advice (unless you are asked). Remember, there are no magic words that will end the family's grief or make your job easier. Also remember that periods of silence do not have to be filled with empty words or advice. Sometimes a touch on the shoulder or hand means much more than all the words in the world.

► **Keep in mind these comments from SIDS parents**

"Two people stand out in my mind. First was the fireman who made me look at him when he said, 'There was nothing you could have done.' The other person was Penny Stastny, our public health nurse. She asked to see our family photo album and then went on to ask about my baby. Having a chance to share the few photos and memories of my baby validated his existence for me."

—*Deborah R. Gemmill*

"Sometimes the best thing spoken is silence and the most important thing is a touch of a hand, a rub on the shoulder, and a tear in another person's eye."

—*Debbie Geer*

“Keep in mind that you are not only dealing with the death of a baby, you are also facing all the unanswered questions the family has about why their baby died.”

—*Armando F. Leigh*

“The person I remember most is the fireman that carried my son Michael to the ambulance. I can still see the tender way he held him. It was just the way I would have held him if they had let me. I will always be grateful to him.”

—*Chris Elliott*

Talking to Children About Death

Think about the age of the child. As with everything else, how each child views and reacts to the death of a family member is connected with his physical and emotional maturity. A three-year-old needs to be treated and spoken to differently than a teenager. Just remember that regardless of age all members of the family will be affected by the baby's death.

Let each child teach you what they need. Listen carefully, he or she will tell you what they need. Answer questions honestly, simply and as many times as they are asked. Children grieve differently than adults, so allow them to “play” out their emotions. Don't be surprised if you find a younger child in the corner replaying the death of the baby with friends or dolls, or if an older child wants to go out and play. These are common and normal behaviors. They do not mean that the child isn't feeling pain, only that the death is being handled in the manner that is comfortable for them.

Create an atmosphere where children can express fears and emotions. Just as adults do, children will be feeling many confusing emotions. Unlike adults, they do not have the emotional maturity or life experiences to understand them. Expect to hear expressions of anger, fear, and confusion. Never tell a child that they shouldn't be feeling a certain way. They are entitled to their feelings and most will pass with time.

Help them deal with their fears. Younger children don't think in the abstract, to them everything is concrete and real. If you tell them fairy tales about the death, like the baby went to sleep, or the angel of death took the baby, you may find that they are frightened that the same thing may happen to them. One of the biggest fears for preschool children is somehow they too will die and be separated from their parents. When explaining death use the correct words. “Joey is dead. He won't be coming back.” Even though a child doesn't quite understand what that means, he/she will start to understand that death is not reversible.

Reassure children by sharing your feelings with them. Let them know that you too are sad about the baby's death. Remember to tell them you love them. Make sure they know that nothing they did or said or wished caused the baby to die. Allow, but don't force children to attend the funeral. Children also need to say good-bye but allow them to choose the most comfortable way to do so. Ask, if they would like to keep something of the baby's to remember him/her by.

Ask for help if you find that you cannot talk to your child or are too distressed to deal with your child's emotions. Speak to your minister, rabbi, or doctor. You can also call your local public health nurse or your local SIDS parent support group. Just remember that there are many people who would like to help you through this sad time.

TABLE 10: HOW CHILDREN REACT TO DEATH
AGE SPECIFIC REACTIONS AND HELP GUIDELINES

AGE	CHILD'S REACTIONS	HOW TO HELP
Birth to 3 Years	<ul style="list-style-type: none">• Affected the most by the mood of their caretaker.• Little understanding of death.• You may see changes in sleeping patterns, eating habits and mood.• Older infants and toddlers might demand more attention.	<ul style="list-style-type: none">• Maintain routines and familiar places.• Provide abundant love, attention and reassurance.• Provide a caring substitute if the parent is too distraught to respond.
3 to 6 Years	<ul style="list-style-type: none">• Does not understand that death is permanent.• Fears the dead person is cold or hungry.• May have bad dreams, revert to earlier behaviors, and/or physical symptoms.• Repeat questions about death.• May play-act the events surrounding the death.• May fear that others and/or self will die.• May be afraid to go to sleep.	<ul style="list-style-type: none">• Maintain routine and provide abundant affection and attention.• Shorten time away from the child.• Look into the child's eyes and gently hold them when speaking of death.• Use concrete terms such as <i>dead</i>, <i>Tommy doesn't eat</i>, <i>sleep</i>, <i>go to the bathroom</i> or <i>grow</i>.• Avoid words such as <i>sleeping</i>, <i>resting</i>, <i>lost</i>, <i>passed away</i>, <i>taking a long trip</i>, and <i>God took him</i>.• Repeat answers as often as the child asks.• Allow expressions of feelings, by re-enacting the events surrounding the death, drawing, reading and telling stories about the death.• Give assurances that most people don't die until they are much older.

TABLE 10: HOW CHILDREN REACT TO DEATH
AGE SPECIFIC REACTIONS AND HELP GUIDELINES (*Continued*)

AGE	CHILD'S REACTIONS	HOW TO HELP
6 to 9 Years	<ul style="list-style-type: none">• Views death as a mysterious thing that comes and takes people away or can be caught like a cold.• Some may still not think of it as permanent.• May feel responsible because of actions, words said or wishful thinking, i.e. wishing sibling dead.• Child could be distressed, sad, or show no signs.• Fear of loss or abandonment by other members of the family.• May be obsessed with the causes of death and what happens to the body after death.	<ul style="list-style-type: none">• Provide the child with time to talk to you about their ideas and feelings, answer questions honestly and correct confusing ideas.• Maintain routine.• Reassure that the death was not their fault.• Contact the school.• Allow them to participate in pre and post funeral activities if they desire.• Provide a journal for the child to write or draw thoughts and feelings.• Let them know where you are going and when you will be back, and, if at all possible, how they can reach you.
9 to 12 Years	<ul style="list-style-type: none">• Understands that death is permanent.• May view the death as punishment for bad deeds.• May seem to be unaffected by death.• Could show anger directed at others and self.• May show feelings of guilt, grief and responsibility.• Physical symptoms.	<ul style="list-style-type: none">• Give assurance that the baby didn't die because he/she was bad.• Encourage participation in pre and post funeral activities.• Encourage the expression of ideas and feelings.• Contact school.• Be honest about what you are feeling—if it is age appropriate.• Provide affection and support.
Teens	<ul style="list-style-type: none">• Adult understanding of death.• May assume responsibilities for adult concerns, family well being, money, etc.• May feel confused, sad, responsible, angry, lonely, afraid, guilty.• Physical symptoms.	<ul style="list-style-type: none">• Talk without criticizing or judging.• Be honest about what you are feeling and experiencing.• Discourage the assumption of too much responsibility.• Be willing to talk on the teen's time frame.• Allow teens time to be alone and to grieve in their own way.• Encourage participation in pre and post funeral activities.

Questions the Nurse May Ask

How did the baby seem to you the week or so before his/her death?

This may bring forth a history of respiratory infections or other minor illnesses. Reassurance can be given that there is nothing that could have been detected or done to prevent the death. There may be guilt feelings because the infant did not receive medical care. If the child was seen by a health care professional, the parents may blame the doctor for not finding anything or for what they feel is inadequate treatment.

Can you tell me what happened? When was the baby's last feeding? When you found the baby, can you describe to me what you remember?

This may bring forth feelings of guilt about propping bottles, not having checked him/her often enough, finding the baby with covers over his/her head, etc. Reassurance can be given that babies do not normally “choke to death” on milk, regardless of their position in bed. Checking a baby will not prevent a death of this type.

Have you heard of SIDS or crib death before?

This will give the nurse an idea of how much information is needed. The response may also provide the nurse with clues as to how much the family knows or does not know.

Does your partner (husband, wife, etc.) understand SIDS, what it is and is not?

This may bring out differences in adjustments or problems of one parent blaming another.

Do your relatives and friends understand what SIDS is?

Do you have someone you can talk to about this?

Who has been the most difficult to talk to about the death?

This will provide a picture of the family's support system. It will give you an idea of how much is known or not known by the members of the support system. It will give you the opportunity to educate close family members and friends who will play an important role in the family's recovery. Family and friends can be the greatest asset, if they are understanding and informed.

Have you experienced other tragedies in your life prior to the death of your baby? Were any deaths among your family sudden and unexpected?

These questions may elicit a response from the family which describes their previous experience with crisis situations. Discussion of their previous experiences can provide information which may be helpful in determining how the family copes in a stressful situation.

Keep in mind that these questions are only guidelines.

Infant Sleep Positioning and SIDS: Counseling Implications

*by the Association of SIDS and
Infant Mortality Programs*

Perhaps one of the most difficult areas that the PHN may need to address at the time of the SIDS home visit, is the infant's sleep position. For this reason, the article that follows, *Infant Sleep Position and SIDS: Counseling Implications*, developed by the Association of SIDS and Infant Mortality Programs has been included. It is intended to provide the PHN with background information on the *Back to Sleep* campaign and the current SIDS risk reduction recommendations. By understanding the counseling implications of sleep positioning and the other infant care practices known to reduce the risk of SIDS, the PHN will be better prepared to respond to questions and concerns that may arise when providing support services.

In 1994 the Association of SIDS and Infant Mortality Programs (ASIP) joined with the U.S. Public Health Service, the American Academy of Pediatrics, the SIDS Alliance and others to launch a national public health campaign entitled *Back to Sleep* to reduce the risk of Sudden Infant Death Syndrome. This initiative was based on research reports from Australia, New Zealand, England, Norway as well as data from the United States recommending placing healthy newborns to sleep on their back or side as a risk reduction strategy. In 1996 this recommendation was revised to endorse back sleeping as the best position for infants. Since the inception of the national *Back to Sleep* campaign, the SIDS rate has decreased over 30-40% in the United States—the greatest decrease in the SIDS rate since statistics have been compiled. While such a dramatic decline suggests that a change in sleep position to back sleeping may reduce the risk of SIDS, it has also demonstrated that sleep position in and of itself, is not a cause of SIDS.

Other Risk Reduction Recommendations:

- Utilize early and medically recommended prenatal care.
- Avoid drugs, alcohol, and smoking during pregnancy.
- Do not allow smoking around baby.
- Breastfeed when possible.

- Avoid overdressing or over heating baby.
- Maintain regular well-baby health visits.
- Obtain immunizations on schedule.
- Place baby to sleep on a firm mattress. Avoid bean bag cushions, waterbeds, soft or fluffy blankets, comforters, sheepskins, pillows, stuffed toys or other soft materials.

This change in sleep position from tummy to back poses no increased risk for illness or infant death in normally healthy infants. However, tummy sleeping may be recommended for some infants with symptoms of gastroesophageal reflux and infants with certain upper airway abnormalities. It is important for parents to discuss recommendations for their infant's sleep position with their health care provider.

Professional caregivers who provide counseling and support to families are well aware of the impact any media coverage of SIDS research reports has on family members. Although there is no reason for self-blame, regardless of the sleeping position of the SIDS infant, parental responses may be more intense and complex due to the widespread coverage of this national campaign and the observed decrease in the SIDS rate. Parents and caretakers may reexamine the circumstances and events of the child's death, causing them to revisit painful and emotional issues which they had previously resolved. Feelings of guilt and culpability may resurface, causing parents to again confront the "what if" and "if only" questions. It is anticipated that parents of newborns, childcare providers, and families whose infant has died in any sleep position will require guidance as a result of the *Back to Sleep* campaign.

In providing counseling to a SIDS family and/or childcare provider, the Public Health Nurse should be prepared to address issues concerning infant sleep position by reviewing these guidelines prior to the home visit. As the family progresses through their grief, they may seek guidance from the PHN regarding a subsequent pregnancy. The PHN should be open to their questions and discuss with parents any concerns about the best sleeping position for an infant and/or any of the other SIDS risk reduction measures.

Counseling Guidance Suggestions

► Families and Childcare Providers Whose Infant Has Died in the Tummy, Back or Side Position:

- No causal relationship has been determined by studies which have suggested an association between the tummy sleeping position and SIDS risk.
- Back sleeping position will not eliminate SIDS.
- Infants die in all positions including back or side.
- SIDS is complex - one single factor has not been identified as the cause.
- SIDS remains unpredictable and unpreventable.
- Parents and caretakers should not be blamed.

Promotion of the supine sleeping position signifies a policy change in infant care practice. We must be mindful of the impact it will have on SIDS families. It is imperative that healthcare professionals continue to provide counseling and compassionate support services to families who experience a sudden infant death. ASIP strongly urges additional studies be conducted to identify the basic mechanisms of SIDS and to monitor compliance and the impact of the Risk Reduction Campaign.

These guidelines were developed in ©1994 and revised in ©1998 by the Association of SIDS and Infant Mortality Programs, co-authors: Kathleen Fernbach, RN, BSN; Rosanne English-Rider, RN, MHS; Mary McClain, RN, MS; and Jodi Shaefer, RN, Ph.D.

References for these guidelines are available through the *California SIDS Program*.

Distributing Educational Materials: What Works?

All health care providers give educational materials to their clients/patients. Far too many times materials end up in the trash unread. You are in a unique situation in that you will have the opportunity to speak with those affected by the death and to learn what they really need to know. Use this opportunity to give them the materials they need most. Although no one can truly predict what will be read and what will not, here are some golden rules that will help you increase the probability of your educational materials getting read.

► **When choosing your materials**

- Choose simple, direct materials. There are millions of people in this country who do not read well and many more who do not like to read. Most often it is not possible to tell who these people are. In addition, many people who are capable readers express the desire for simple, easy to read educational materials when looking for information about health issues. People who want more in-depth information will usually ask for it.
- Avoid materials that are packed with words, and cover too many subjects. People who are stressed or who do not read well will find these types of materials overwhelming.
- Avoid materials that seem to be for children, unless they are for children. Nothing is more insulting than underestimating a person's intelligence.
- Have a variety of materials that address all levels of literacy and subject matter.
- Do not automatically give the same prepackaged group of materials to everyone. Instead wait until you have spent a little time with the family and give them one or two pamphlets (out of the portfolio) that will be the most meaningful for them. For example, it would be unproductive to give them *A Loving Goodbye* if the baby is already buried, or if they already have received it from someone else.

► At the interview

- Do not decide in advance what you think the parents need. Instead, display what you have brought and let them choose what they want.
- Find out what they want to know and point out the materials that cover that subject matter.
- Let them know that the materials are available to them whenever they want them.
- Leave them information on how and where to get more educational materials if they desire.
- Cover everything they need to know verbally, never use educational materials in place of the one-to-one intervention. Educational materials work best if they are a supplement to what the client has already heard.

Sudden Infant Death Syndrome Informational Portfolios

The *SIDS Informational Portfolios* provide “basic” information which should be provided at the time of the home visit or sent to the family for all presumed SIDS cases. Based on the individual situation of each household, the needs assessment of the family, and the outcome of the initial contact, the portfolio should be modified to include other materials. The California SIDS Program has developed the basic *Parent Portfolio* (English/Spanish), the *Childcare Provider/Foster Parent Portfolio* (English/Spanish), the *Grandparents Portfolio* (English/Spanish) and *Health Care Professional Portfolio* as well as booklets/handouts for special needs. A supply of *SIDS Informational Portfolios* has been provided to each SIDS County Coordinator, in addition to master handouts to modify the portfolios. It is the responsibility of each individual nurse to review and copy these handouts to meet the specific needs of parents, childcare providers, foster parents when modifying the “basic” portfolios. This should be done by the PHN as she/he plans and prepares for the home visit. (Note: *SIDS Informational Portfolios*, previously distributed to each SIDS Program office, may contain the California SIDS Program business card. Please replace these with your agency PHN business card in the business card slot on the inside of the folder.) All booklets and handouts for the *SIDS Informational Portfolios* can be downloaded from the California SIDS Program website, www.californiasids.com.

Information for Parents Portfolio (English)

Left side will contain:

- Parent Letter
- *Facts About SIDS* (handout)
- *Parent Support Organizations List* (handout)

Right side will contain:

- Audio cassette tape, in envelope, if available
- *Based on a Talk* by Dr. Thomas G. Keens (booklet)
- *Facts and Feelings* (booklet)
- *Notes from Christi's Mom* (handout)
- Your agency PHN business card (attach to right-hand side of folder)

Information for Parents Portfolio (Spanish)

- Same as English *Parent Portfolios* with materials translated into Spanish, including the booklets and handouts.
- Your agency PHN business card (attach to right-hand side of the folder)

Information for Childcare Providers/ Foster Parents Portfolio (English)

Left side will contain:

- Childcare provider/foster parent letter
- *Facts About SIDS* (handout)
- *Parent Support Organizations List* (handout)
- *From a Childcare Provider's Point of View* (handout)
- *The Impact of SIDS on Childcare Providers and Foster Parents* (handout)

Right side will contain:

- Audio cassette tape in envelope, if available
- *Based on a Talk by Dr. Thomas G. Keens* (booklet)
- *Facts and Feelings* (booklet)
- *SIDS: What Childcare Providers and Other Caregivers Should Know* (booklet)
- *Helping Children Grieve* (booklet)
- *Talking to Children About Death* (booklet)
- *Notes from Christi's Mom* (handout)
- Your agency PHN business card (attach to right-hand side of folder)

Information for Childcare Providers/ Foster Parents Portfolio (Spanish)

- Same as English *Portfolio for Childcare Providers/Foster Parents* with materials translated into Spanish except for *Talking to Children About Death* which is not available in Spanish
- Your agency PHN business card (attach to the right-hand side of folder)

Modifying the SIDS Informational Portfolios

Based on the individual situation of each household, the needs assessment of the family, and the outcome of the initial contact, the *Information for Parents Portfolio* should be modified. Materials/brochures should be ordered from the *California SIDS Program* and “customized” to meet the special circumstances of the family, childcare provider, and/or foster parent. Master handouts for the specific needs listed below have been provided to each SIDS County Coordinator. It is the responsibility of the PHN to make copies of the handouts and order pamphlets available from the *California SIDS Program* in preparation for the home visit. For grandparents, use the *Information for Grandparents Portfolios*, which are available in English and Spanish to meet the special needs of these family members. (See page 32)

A supply of the *Loving Goodbye* pamphlet and *SIDS Bookmark* in English/Spanish should be kept on hand for those occasions when contact is made immediately after the infant’s death and assistance is needed for funeral services and burial arrangements.

A modification to the basic Portfolio that you may consider after your initial assessment is the addition of two pamphlets, a *Parents’ Grief* and *Is There Anything I Can Do To Help?*

SIDS Information for Specific Needs

Children (Siblings and Others)

Add to the right-hand side of the *Information for Parents Portfolio*:

- *Helping Children Grieve* (booklet)
- *Talking to Children About Death* (booklet)
- *Brothers and Sisters Hurt Too* (handout)

Fathers

Add to the right-hand side of the *Information for Parents Portfolio*:

- *Parents’ Grief* (booklet)
- *Healing a Father’s Grief* (booklet)
- *For Men Only—San Diego Guild for Infant Survival* (handout)

Single Parents

Add to the right-hand side of the *Information for Parents Portfolio*:

- *Grieving Alone* (handout)

Teen Parent

Add to the right-hand side of the *Information for Parents Portfolio*:

- *When Your Baby Dies...A Gentle Guide for Teenage Parents* (booklet)

Twin Death

Add to right-hand side of the *Information for Parents Portfolio*:

- *Death of an Infant Twin* (booklet)

Foster Parents

Use the *Information for Childcare Providers/Foster Parents Portfolio*. The material on the right side will be the same as the *Childcare Provider Portfolio*. The left-hand side will contain:

- Childcare Provider/Foster Parent letter
- *Facts About SIDS* (handout)
- *Parent Support Organizations List* (handout)
- *SIDS and Foster Parents* (handout)
- *Notes from Dawn's Foster Mom* (handout)
- Add items listed in page 31 under *SIDS Information for Specific Needs—Children (Siblings and Others)* if there are other children in the home

Grandparents (English/Spanish)

Use the *Information for Grandparents Portfolio*

Left side will contain:

- Grandparent Letter
- *Facts About SIDS* (handout)
- *Parent Support Organizations List* (handout)

Right side will contain:

- Audio cassette tape in envelope, if available
- *Based on a Talk* by Dr. Thomas G. Keens (booklet)
- *SIDS for Grandparents...A Double Grief* (booklet)
- *Is There Anything I Can Do to Help?* (booklet)
- *From a Grandparent's Point of View* (handout)
- *Losing a Grandchild to SIDS* (handout)
- Your agency PHN business card (attach to right-hand side of folder)

Information for Health Care Professionals Whose Patient Has Died of SIDS

In accordance with SIDS legislation, Senate Bill 362, Section 462 of the Health and Safety Code, upon notification by the coroner of a presumed SIDS case, the local health officer or his or her designated agent, who is an appropriately trained public health professional should “consult” with the infant’s physician of record. The *SIDS Informational Portfolio* is intended to assist the PHN with this consultation and to provide the infant’s health care professional with information about SIDS. It is designed to advise the physician of record of the death of his/her patient.

The name and telephone number of the infant’s health care provider is included as part of the basic medical information to be obtained when the death scene investigation is conducted and should be documented on the death scene protocol. If you are unable to acquire this information from your coroner’s office, it will be necessary to obtain from the parents and/or childcare provider the name of the infant’s primary care provider, address, and telephone number. This can be done during the initial contact with the family or childcare provider, via telephone or at the time of the home visit.

Information for Health Care Professionals Whose Patient Has Died of SIDS Portfolio

Left side will contain:

- Health Care Professional, Department of Health Services Cover Letter
- *Parent Support Organization List* (handout)
- *National Back to Sleep Campaign Order Form*

Right side will contain:

- Sample PHN cover letter (Note: See instructions on page 34 for personalizing this letter)
- *Based on a Talk* by Thomas G. Keens, M.D. (booklet)
- *Parents’ Grief* (booklet)
- *Helping Children Grieve* (booklet)
- *Reduce the Risk of Sudden Infant Death Syndrome* (brochure)
- *Sudden Infant Death Syndrome* by Thomas G. Keens, M.D. (handout)
- *What is SIDS?* (handout)
- Your agency PHN business card (insert in slots on right inside cover of folder)

County SIDS Coordinators have been provided with *Health Care Professional SIDS Informational Portfolios* and are responsible for maintaining an adequate supply of them. Additional portfolios as needed can be downloaded from the California SIDS Program website, www.californiasids.com. It is the responsibility of the individual PHN to review the contents of the portfolio and to personalize it before it is sent to the health care professional.

- The letter to the health care professional on the right hand side of the packet is only a SAMPLE which you may choose to modify. This letter should be placed on your health jurisdiction's letterhead with the information in the bracketed areas completed for each SIDS case, along with the appropriate signature of the PHN, and all pertinent information completed. Then insert the personalized letter in the right-hand side of the packet and attach a PHN business card into the slot provided.
- If you do not know the name of the health care professional and have only the name of the clinic or health care center, you may want to send a cover letter to the Director of Nursing requesting that the portfolio be forwarded to the infant's physician of record.
- Certain materials in the SIDS Portfolio are "dated." You may need to check with the *California SIDS Program* or your County SIDS Coordinator to make sure you have the most current copy of the *SIDS Support Organization Listing*. The professional article by Dr. Keens was updated in October 2002. To obtain updated SIDS support listings and materials for the *SIDS Informational Portfolios*, access the California SIDS Program website at www.californiasids.com.
- Your contact and intervention with the infant's health care professional should be documented on the *Report of Contact*. (Please refer to page 47 for documentation instructions and page 53 for a sample *Report of Contact*.)

Reporting Public Health Nursing Services

Preparation for the home visit requires establishing and maintaining a case file including a documented record of the visit, response(s) to support service(s), reports and correspondence. This section contains samples of the current forms for documentation of a presumed SIDS case.

Mandates of the Health and Safety Code 268, Statutes of 1991, require Public Health Nurse contact with caregivers for children whose presumed cause of death is SIDS. The *Public Health Services Report Form* serves to document compliance with this mandate. (See page 37 for the sample worksheet.)

An original copy of the *Public Health Services Report Form* must be completed and sent to the *California SIDS Program* as a record of contact made/not made and to document the service(s) provided. Be sure to sign and date the form and mail it to:

California SIDS Program
11344 Coloma Road, Suite 560
Gold River, CA 95670-6304

► **Documentation When Contact Is Established**

- Use the sample forms provided as you prepare for the SIDS home visit. The forms can be removed and copied as often as you would like to use them. Once contact has been attempted/completed, the information can be transferred to the actual *California Sudden Infant Death Syndrome Program Public Health Services Report Form* and submitted to the *California SIDS Program* at the address listed above.
- The *California Sudden Infant Death Syndrome Program Report of Contact* is intended as a worksheet and can help direct your assessment, referral, education and support service(s). (See page 43 for the sample worksheet.)
- Complete the top portion of the *Public Health Services Report Form* with as much information as possible, i.e.: infant's name, date of birth, date of death, sex, mother's name, etc.

► **Documentation When Contact Is Not Established/
Service Refused**

- There are times when the contact is not made or not able to be established.
- To document this situation and remain in compliance with the mandates, there is a section on the *Public Health Services Report Form* under, “Primary Caretaker Contact,” that states “contact not established” and “reason.” This section should be completed with any information you have which may include:
 - Unable to locate family/moved with no forwarding address or phone number. (See Sample #1, page 51)
 - No report of a presumed SIDS cases is received by Health Department.
 - Cross county case/referred to county of residence for follow up.
 - Contact not appropriate upon further investigation as cause of death not determined to be a presumed SIDS (i.e. homicide, congenital heart defect, etc.)
- Family members and/or caregivers (childcare providers, foster parents, etc.) may also refuse service which should be noted on the *Public Health Services Report Form* on the line entitled, “service refused.” (See Sample #2, page 52)
- Sign and date the *Public Health Service Report Form* before mailing.
- If you have any questions about the *Report of Contact* or *Public Health Services Report Form* or need formal copies for reporting purposes, please contact the California SIDS Program at 800-369-SIDS(7437). Copies of both reporting forms can also be downloaded from the California SIDS Program website at www.californiasids.com.

California Sudden Infant Death Syndrome Program
Public Health Services Report Worksheet

Name of Infant: _____
(Last) (First) (Middle)

M ___ F ___ DOB: _____ DOD: _____

Race/Ethnicity: _____

Name of Mother: _____

Age: _____ Race/Ethnicity: _____

Name of Father: _____

Age: _____ Race/Ethnicity: _____

Address: _____
(Street)

(City) (Zip) (County) (District)

Telephone () _____ Message Phone Y ___ N _____

.....
Caretaker of Infant at Time of Death: _____

Relationship: _____ Telephone () _____

Address: _____
(Street)

(City) (Zip) (County)

Public Health Services Report Worksheet (continued)

Health Department Notified of Death: By Coroner_____

Other: _____ Date:_____

(Specify)

How Notified: Telephone____Letter/Report/Fax____ Other _____

County of Occurrence: Same as Residence _____

Other _____ Date Notified _____

(County)

.....

Household Composition: Natural Parent(s) ____ Adoptive Parent(s) ____

Foster Parent(s) ____ Guardian____ Extended Family____

Significant Other ____ Friend ____ Sibling(s) ____ Ages _____

Other _____

(Specify)

Family's Primary Language _____Interpreter Needed Y ____ N ____

.....

Primary Caretaker Contact: Date of Initial Contact _____

Date of First Service(s): _____

Type of Contact for Service(s): Telephone __Face-to-Face____ Group ____

Length of Contact:____ (Minutes)

Service Given: Assessment ____ Crisis Intervention____

Referral/Resources ____ Counseling ____ Education _____

Service Refused _____ Reason _____

Contact Not Established ____ Reason _____

Follow-Up: Further Service(s) Planned? Y ____N ____

Public Health Services Report Worksheet (continued)

Childcare Provider Contact: Date of Initial Contact _____

Date of First Service(s): _____

Type of Contact for Service(s): Telephone ____ Face-to-Face ____ Group ____

Length of Contact: ____ (*Minutes*)

Service Given: Assessment ____ Crisis Intervention____

Referral/Resources ____ Counseling____ Education ____

Service Refused _____ Reason _____

Contact Not Established ____ Reason: _____

Follow-Up: Further Service(s) Planned? Y ____ N ____

.....

(Signature)

(Date)

California Sudden Infant Death Syndrome Program Report of Contact Worksheet

Name of Infant: _____
(Last) *(First)* *(Middle)*

DOB: _____ DOD: _____

Person(s) Contacted: Natural Parent(s) _____ Adoptive Parent(s) _____

Foster Parent(s) _____ Guardian _____ Extended Family _____

Childcare Provider ____ Other (*Specify*) Relationship ____

Name(s): _____

Date of First Attempted Contact: _____

History (*prenatal, infant, circumstances of death*)

Assessment of Family (*coping status, environment*)

Public Health Services Report Worksheet (continued)

Intervention

Plan (*Referrals*)

Infant's Primary Care Provider Contacted? Y____N____None____

Date: _____

Name: _____
(Last) (First)

Address: _____

Phone Number: () _____

Comments:

(Signature)

(Date)

Public Health Services Report Instructions

Name of Infant

Write full legal name of infant. Indicate gender.

Date of Birth/Date of Death

Write the month, day and year of events.

Race/Ethnicity

Designate race/ethnicity.

Name of Mother

Write first and last name of mother or current legal parent or guardian.

Name of Father

Write first and last name of father or current legal parent or guardian.

Age/Race/Ethnicity

Write age in years. Designate race/ethnicity.

Address

Indicate place of residence of infant. Include street address and city and zip code. Include census tract and district if known or applicable.

Telephone Message

Indicate residence telephone number. If this is a message phone, so indicate.

Caretaker of Infant

Indicate name of the person who was taking care of the infant at the time of death if different from the primary caretaker. Indicate the relationship to the infant if applicable.

Address/Telephone

Indicate the address and telephone number of the person who was taking care of the infant at the time of death. Include the city, zip and County.

Health Department Notification

Indicate whether or not the coroner notified the Health Department of a possible SIDS death or some other person or entity. Enter date when the Health Department was notified of a possible SIDS death by any means. Indicate how this notification was received by the Health Department.

County of Occurrence/Date

Indicate whether or not the County in which the death occurred was the same as the County of residence. Indicate the date the County of residence was notified of the death, if applicable.

Household Composition

Indicate all that apply to the members of the immediate household where the infant resided. *Other* members may include children other than siblings, or boarders in the home.

Primary Language & Interpreter

Write what is the primary language of the family that is used in the home. Indicate if an interpreter is needed by the service provider to communicate with the family.

Primary Caretaker Contact

- **Date**
Enter the date(s) of the initial contact and first service contact with the primary caretaker(s). They may or may not be one and the same.
- **Type of Contact**
Enter how the contact was made for the *first* service to the family.
- **Length of Contact**
Enter the length of the contact in minutes. Add the time of both the initial contact and the first service contact if they were not one and the same.
- **Service(s) Given**
Indicate all services given during both the initial and first service contact(s).

- **Service(s) Refused**

Indicate if no services were wanted. Explain the reason the caretaker does not feel services are needed.

- **No Contact**

Indicate if no contact was made with the family. Explain the reason why you were not able to establish contact.

- **Follow-Up**

Indicate if there are plans for further service.

Childcare Provider Contact

- **Date**

Enter the date(s) of the initial contact and first service contact with the childcare provider. They may or may not be one and the same.

- **Type of Contact**

Enter how the contact was made for the first service to the childcare provider.

- **Length of Contact**

Enter the length of the contact in minutes. Add the time of both the initial contact and the first service contact if they were not one and the same.

- **Service(s) Given**

Indicate all services given during both the initial and first service contact(s).

- **Services Refused**

Indicate if no services were wanted. Explain the reason the childcare provider does not feel that services are needed.

- **No Contact**

Indicate if no contact was made with the childcare provider. Explain the reason why you were not able to establish contact.

- **Follow-Up**

Indicate if there are plans for further service.

Signature/Date

Write the name of the person making the contact and filling out this report. Include the date the report was completed.

Definitions

Initial Contact

Contact established with the primary caretaker or childcare provider for the purpose of delivering service(s) or planning for services.

First Service Contact

Contact with the primary caretaker or childcare provider for the purpose of delivering service(s).

Type of Contact

- **Phone**
Service(s) given over the telephone.
- **Face-To-Face**
A visit with primary caretaker or childcare provider at home or other place.
- **Group**
Face-to-face visit with primary caretaker or childcare provider, plus any other individual, other adults, relatives, children, etc.

Services

- **Assessment**
Includes but is not limited to psychosocial, physical or emotional assessment that are family centered and culturally appropriate.
- **Referral**
Determination of the need for referral to counseling, peer support group, etc.
- **Crisis Intervention**
Intervention given to alleviate or avoid a critical or troubling situation.
- **Education**
Includes information about SIDS and other issues for the purpose of increasing knowledge of the primary caretaker, childcare provider, or others.
- **Counseling**
Therapeutic counseling including but not limited to grief, death and dying issues, and family coping.

Sample of Contact Not Established Public Health Services Report Worksheet

Sample #1

Primary Caretaker Contact: _____

Date of Initial Contact: 9-12-05

Date of First Service(s): _____

Type of Contact for Service(s): Telephone X Face-to-Face _____ Group _____

Length of Contact: _____ (Minutes)

Service Given: Assessment _____ Crisis Intervention _____

Referral/Resources _____ Counseling _____ Education _____

Service Refused _____ Reason _____

Contact Not Established X Reason Mother was in Mexicali for burial there.

Date of attempted contact: 9-29-05

Follow-Up: Further Service(s) Planned? Y _____ N X Never returned

from Mexico.

Sample #2

Date of Initial Contact: 8-10-05

Date of First Service(s): 8-10-05

Type of Contact for Service(s): Telephone X Face-to-Face____ Group____

Service Given: Assessment ____ Crisis Intervention____

Referral/Resources ____ Counseling____ Education____

Service Refused ____ Reason _____

Contact Not Established X Reason: Refused visit—quitting childcare

Date of attempted contact: _____

Follow-Up: Further Service(s) Planned? Y N X Refuses further contact

***Sample of Contact—Infant's
Primary Care Provider
Report of Contact Worksheet***

Sample #3

Infant's Primary Care Provider Contacted? Y X N None

Date: 10-6-05

Name: Dr. Ron Adams, ABC Pediatric Center

Address: 2975 Broadway Street, Suite 557

 Los Angeles, California 90005

Phone Number: (213) 492-5007

Comments:

*October 6, 2005 sent SIDS Health Care Professional Portfolio to Dr.
Ron Adams. Plan telephone call in two weeks.*

 I.M. Fine, PHN
(Signature)

 10-6-05
(Date)

NOTES



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